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The liver is a secreting gland the largest in the human body. it fills the right hypochondrium extends through the epigastric region into the left hypochondrium as far as the cardiac orifice of the stomach sometimes as far as the spleen. It is situated below the diaphragm and above the right kidney the stomach and lesser omentum. It is held in this situation by several folds of peritoneum termed ligaments. Viz falciform round right and left coronary. The liver is of an irregular form its longer diameter being transversely its posterior edge is thick and in contact with the diaphragm its anterior edge is thin and convex. Two notches may be observed in it one for the transmission of the round ligament or obliterated umbili-

lain. The other depression corresponds to the gastric fossa. The superior surface of the liver is smooth and convex and is divided by the suspensory ligament into a right and left portion and is in contact with the under surface of the diaphragm. The inferior surface is irregular marked by several projections and depressions. The former are called lobes and are six in number viz first the great or right lobe, second the left, third the Spigelian or middle lobe this is situated behind the lesser omentum and transverse fissure it is connected to the right lobe of the liver by two roots. The lobulus caudatus or fourth lobe of the liver is also immediately behind the transverse fissure and extends from the Spigelian along the right lobe between the

depressions marked by the colon and left kidney. The lobules quadrates or 5th lobe is at the anterior part of the anterior part. right lobe in front of the transverse fissure. near behind the gall bladder And the horizontal fissure. The depressions in the inferior surface of the liver are the following. First the transverse fissure which is situated between the lobules quadrates and Caudates. the Vessels And Nerves of the liver enter the glands in this particular fissure. Second the horizontal fissure extends from the notch in the anterior edge of the liver. between the right and left lobes. the anterior part of this fissure contains the obliterated umbilical vein, the posterior part the obliterated Ductus Venosus. third the fissure for the

Vena cava is between the lobules Spigelii and the right lobe, fourth the depression for the gall bladder. Leith a depression for the right Kidney and its capsules & a slight depression on the under surface of the left lobe corresponding to the anterior surface of the stomach. 8th a round notch in the fore=ior edge of the liver corresponding to the Spin and right crus of the diaphragm. The Vena cava superior bears the liver in this situation The liver has a peculiar brown colour inter==spersed with yellow, in some subjects it is much darker than in others. In the young it is red and soft. and in the old it is general=ly pale and yellow often hard and brittle The liver has two coats a general and a proper. The general or peritoneal

coat covers the whole surface of the liver except in those situations where the Vessels are situated and between the lamina of the coronary ligament and in the depression in which the gall bladder is lodged also when it is in close contact with the diaphragm behind. The second or fibrous coat of the gland is the immediate capsule it is little more than condensed Cellular Membrane. It is very distinct when the serous coat is deficient it adheres to the liver by innumerable processes which pass into its substance. It accompanys the three Vessels which enter and leave the transverse fissure of the liver and Ramifies through the substance of this organ

accompanying these Vessels. it surrounds them rather loosely so much so that when these Vessels are cut by a perpendicular incision through the substance of the liver they will be found to collapse and hence this shade has got the name of Capsule of Glisson. The structure of the liver consists of numerous granulations of a peculiar brown and yellow colour, connected together by branches of the Hepatic Artery Veins and ducts, these grains are called the acini of the liver by Malpighi in each of them a branch of the hepatic Artery and Vena porta terminate and out of each proceed a branch of the hepatic Veins and ducts — Through the substance of the liver 4

sets of Vessels Carrying in addition to
Numerous Lymphatics. Viz. The branches of
the hepatic Arteries Vena portarum. Hepatic
Ducts and Hepatic Veins. The Vena portarum
Are supposed by some to be the Vessels from
which the bile is secreted, The hepatic Arte
-ry a branch of Celiac also nourishes the
substance of the liver the hepatic ducts carry
the bile from the liver And the Vena Cava
hepatica Returns the blood which has
circulated through the liver to the inferior
Vena Cava. There are generally three or four
of these Veins And are seen escaping at
the thick edge of the liver immediately
behind the Coronary ligament and joining
as I said before the inferior Vena Cava. The
three other Vessels may be seen in the layers

of the lesser omentum. The Artery lying to the left side the duct to the Right and Vena Porta between both. This Vein is formed by the confluence of the Splenic and Mesenteric Veins. There are two hepatic ducts named the Right and left. which on escaping the transverse fissure of the liver unite and form one duct or may be termed the proper hepatic duct this descends for about an inch or two on the Right side of the lesser omentum. when it is generally joined by the Cystic duct of the gall bladder. the union of both these ducts have got the name of ductus communis choledochus. This duct is about three inches in length descends behind the Pylorus & the upper part of the duodenum about

the Middle of the intestine or concave side of the Middle division of this gut. the ducts perforate the coats of this intestine in an oblique direction as this duct is about perforating the duodenum it is frequently joined by the duct from the pancreas.

The gall bladder being in such close contact with the liver and in fact might be considered a portion of it. I may therefore Make a few remarks on its situation appearance and structure. It is situated in a depression on the superior surface of the Right lobe of the liver. It is of a pyriform figure, the large extremity being directed downwards and a little

forwards. Projecting downwards against the parietes of the abdomen. The neck of the gall bladder is directed upwards backwards & to the right towards the Cystic duct. The gall bladder is closely united to the liver by peritoneum. Cellular Membrane and small blood Vessels. It may be considered to consist of three tunics. Viz 1st. the external or serous which is only a partial coat 2nd. The Cellular 3d. It is lined by a Mucous Membrane. The gall bladder serves as a Reservoir for the bile when it is not required in the intestinal canal.

Having thus considered the Anatomy

and structure of the liver and gall bladder. I may now make a few remarks on the physiology of the liver. Much has been said from time to time respecting this. But at present the opinions of Mr. Kiernan is generally adduced. Any information that can be added this important subject adds in no small degree towards Medical literature. Some consider that the ultimate subdivisions of the hepatic artery all terminate in veins that run into the branches of the Vena Porta, this Vein then cannot be considered to arise solely from the other abdominal Veins. Also the hepatic artery as far as can be traced has no termination in either tubuliferous ducts

or hepatic Veins and most Physiologists Concur that it is destined for nutrition and not for the secretion of bile. The subdivision of the Vena porta all terminate in or become the hepatic Veins. That the minutest biliferous ducts. the subdivisions of the Vena porta and hepatic Veins are conglomerated into minute masses or lobules. these are surrounded except at their base with a prolongation of Glissons capsule and are supplied with minute Arteries and probably with nerves and absorbents. That the branches of the Vena porta after running between the lobules and covering them (except at their bases) and freely anastomosing

around them so as to form a continuous
plexus throughout the whole liver. And
enter the lobules, most minutely subdivided
and become hepatic Veins. Which unite
into one large Vessel in each process
of every lobule and again these Vessels unite
into one larger which passes down the
centre of the lobule and goes out at the
base. The Veins thus formed run between
the bases of the lobules and anastomose
and are called sublobular. The minutest
ramifications tubes form a reticulated plex
=us in each lobule and unite into branches
which leave it. These Inside are lobular
biliary plexuses. They have much the
appearance of cells. These are latest

Malpighi and others have termed
Acini of the liver. In these Acini we can
perceive the bile which flowes slowly
but constantly, along the hepatic duct
the greater portion flows along the ductus
communis choledochus into the duodenum
but some passes from the hepatic into
the cystic duct and receives by it into the
gall bladder, where it remains for a
shorter or longer period and receives there
the name of the cystic bile. This has great
analogy to the hepatic. But becomes more
concentrated viscid and bitter, by absorption
in the gall bladder. The cause of which is
in all probability owing to the absorption of
its more watery parts by the lymphatic
vessels. Many animals have no gall bladder
such as the Horse and goat &c. Cuvier

thinks that it is intended as a Reservoir of bile when the Animal is subject to long fastings from the uncertain supply of food. The gall bladder is sometimes absent in the human subject. It has been disputed whether the bile is produced from Arterial or Venous blood. The former opinion is countenanced by the analogy of the other secretions which depend upon Arterial blood. Nevertheless more accurate investigations prove that the greater part if not the whole of the biliary secretion is Venous. Our attention must now be turned to the bile itself respecting the Nature and use of which there has been much more controversy

than about any other fluid. Bile taken from a fresh adult subject is rather viscid of a brownish green colour inodorous and if compared with that of bullocks, scarcely bitter. Berzelius states that the bile contains alkali and salts in the same proportion as the blood and that it contains no resin. but a peculiar matter of a bitter and afterwards somewhat sweet taste, which possesses characters in common with fibrine, the colouring matter and the albumen of the blood. This forms with an excess of a powerfully acid[illegible] precipitate what was considered albumen in the bile. Berzelius regarded as the mucus of the gall bladder

Bile contains according to Lieu

Water	917.4
Bilary Matter	80.0
Mucus of the gall bladder	3.0
Alkalies and salts	9.6
	1000.0

Having thus considered the Anatomy and Physiology of this important organ I can with greater facility, enumerate the description of the particular diseases called Hepatitis — We might have been led to imagine that the liver is not so obnoxiously exposed to disease as other parts in the abdominal cavity. The alimentary canal is at any rate especially exposed to the various accidents of the food which passes thro it: and the character

of its secretions is sometimes found
acrid and irritating. And this often
times leads to mischief. The liver is found
to be affected not only by Morbid secretions
of its secretion but likewise by external Caus
=es and through the Medium of the Cir=
=culation All Kinds of Matter however in
=troduced into the Circulatory Current
have to pass through the Vena portæ &
through the liver and this therefore a
direct effect upon this Viscera. for instan=
=ce Spiritus liquors are liable to disorder
the functions of this organ and also
any other class of irritating and poison
=ous substances. The chief external influen=
=ces which effect the liver are cold and
heat it is well known that in warm climates

disease of this organ is peculiarly apt to suffer and its functions to be disordered. there might be several other reasons assigned to the liver becoming affected. but considering that there are sufficient reasons to ~~[illegible]~~ to a more particular part of the procedure. The disease which I wish to consider under the head of inflammatory affections of the liver will be Hepatitis of the Acute form. This disease is described as a very distinct one attended with symptoms of inflammation and disorder of the functions of the liver. But I have found at least in this country that I belong to. that this affection is more obscure than it is commonly supposed to be

And [illegible] less distinct in its character
The symptoms are commonly those of
pain in the Right Hypochondrium shooting
to the back and sometimes to the shoul-
=der generally very acute, permanent
and increased on pressure, a white
and dry tongue, general restlessness
vomiting and difficulty of lying on the
left side. Patient generally prefers lying
on the back. Bowels sometimes constipated
at other times diarrhoea is present. The
enlargement in the Right hypochondriac
Region is very distinct. Mark readi-
=ly the enlargement extends downwards
across to the umbilicus. It is frequently
felt as from 2 to 4 inches below the margin

of the Tube. If there be a displacement or enlargement of the liver upwards, it pushes the diaphragm along with it causing a considerable amount of dullness in the right side of the chest but from this and other signs of disorder in the respiratory functions, a case of which came under my notice in the summer of 1844. The dullness will sometimes project as high as the fourth rib in the back though less in degree the sound reaches to the angle of the scapula and occasionally passes into the axilla. There is a band of dullness in those parts on which the diagnosis of enlarged liver depends. This particular

disease is to be diagnosed from effu-
=sion into the pleura and pulmonary
consolidation: either of which may
greatly diminish it. In this way
it does not come within any previous
to point out the distinguishing marks
that exist between each. The enlarge-
ment takes place downwards or upwards
it also takes place outwards. This assists
materially in the diagnosis. It is a very
marked sign. when there is fulness in
one portion of the chest that does not
correspond with the opposite side
especially when such fulness is attend-
=ed by dullness in the region of the
liver and also a bulging out of the ribs

Enlargement alone does not constitute a Carcinoma of hepatites. Enlargement with induration may exist in congestion and in various structural diseases and we must look therefore to the presence of fever heat of the skin and state of the pulse. There are other symptoms which occasionally attend hepatites such as nausea vomiting and occasional jaundice. Termination of the disease. The tendency of the disease in the acute form is either to terminate by resolution by suppuration or to pass into the chronic state. The symptoms of the former are subsidence of the pain, the heat and the fever and lastly the disappearance of the

swellings. The symptoms of suppuration
preceding are: obscurity, subsidence of the
heat and fever, but the subsidence of
the swellings and only a partial sub-
=sidence of the pain. There are frequent
rigors as in other cases of suppuration
The skin exhibits a pale dirty appearance
accompanied with a hectic flush on
the face, abscess next forms. frequently
many of them, The abscesses may open
in various directions. such as into
the intestinal tube, sometimes into the
duodenum, sometimes into the gall
bladder or even pass through the diaphragm
into the pleura, sometimes into the peritoneum
but rarely open externally

The treatment of this disease, whether it occurs in the substance of the liver or in the peritoneal covering is to be conducted on the same general principles. The measures of most importance are strictly antiphlogistic, Venesection in the early stage of the disease, or applying to the side to a large amount which in some cases answers very well, by drawing away the blood from the immediate neighbourhood of the part. which must be done till fever decreases, as well as the pain in the region of the liver, the tenderness and the swelling. purging is a very beneficial remedy especially Calom. & purgatives following it by Salines. Cupping may be [illegible] Mercury is a remedy of

great Value, but it is questionable whether it is so useful in the acute as in the more chronic form of hepatitis. It is frequently combined with Tartarized Antimony and Saline powders. It is necessary to maintain the free action of the bowels and to give occasional doses of Calomel after attacks of acute hepatitis as the inflammation is apt to remain in a lower degree and to go on to the chronic form, or to pass into functional disease. Therefore Mild Mercurial doses should be continued. Counter irritation is frequently used with considerable benefit especially after the application of Cupping & Leeches. Various other remedies might be mentioned But Considering this sufficient for the present occasion. I beg to conclude